

OF REGULATED WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

MAD985290980

WAKEFIELD ENGINEERING INC 132 SYKES RD FALL RIVER - MA 02720 MIKE FLAUMENHAFT MGR OPER

INSTALLATION ADDRESS

132 SYKES RD FALL RIVER ,MA 02720

EPA Form 8700-12B (6-90)

T3+13

RECEIVED

OCT 2.6 1998

APPLICATION FOR EPA IDENTIFICATION NUMBER NOTIFICATION OF HAZARDOUS WASTE ACTIVITY IN MASSACHUSETTS

	EPA ID NUMBER	DATE ISSUED
T.	Every Generator of Hazardous Waste who is generating more than 27 gallons of hazardous waste per month of waste oil per month must have a federal identification number (MAD #) which is assigned by E.P.A. All and receiving facilities must also obtain this MAD #. You should allow up to months for the assignment of mailed to you. For assistance in completing this form your hazardous waste activity, call the Division's Compliance Assistance line (617-292-5898). NAME OF NOTIFYING COMPANY Do not punctuate. Leave a blank box between initials,	f this number which will be a, or to report any changes in
•	WAKEFIELD ENGINEERING INC.	
п.	MAILING ADDRESS Abbreviate "street" or similar words. NUMBER STREET OR P.O. BOX 132 SYKES ROAD STATE ZIPC FALL RIVER MA 02	720-
III.	NUMBER STREET OR P.O. BOX OSBICTOS OSBICTOS STATE ZIPC MA 02	
IV.	STANDARD INDUSTRIAL CLASSIFICATION A list of common SIC codes is attack SIC CODE DESCRIPTION SIC CODE DESCRIPTION SIC CODE DESCRIPTION Fabricated Metal Products Nec.	ed, or consult fact sheet.
v.	CONTACT PERSON To be telephoned regarding information on this form. NAME (FIRST, LAST) TITLE TELEPHO MIKE FLAUMEN BAFT WGR OPER 508	NE 672-22/2
VI.	OWNERSHIP Enter the name of the person or corporate entity which is the legal owner of the bus property. Check NON-FEDERAL unless your corporation is owned or operated by the federal government LEGAL OWNER OF BUSINESS FEDERAL	NON-FEDERAL
(LUCIED MASRAH FEDERAL	NON-FEDERAL

less than 265 gallons of waste oil, you are not should not be filling out this notification form.				
ORIES				
1				
Maximum Monthly Rates of Waste Oil Generation 1 Large Quantity (265 gals or more in a month)				
 Small Quantity (less than 265 gals or more in a month) 				
 Very Small Quantity (less than 27 gals in a month) 				
Maximum Monthly Rates of Hazardous Waste Generation (see 310 CMR 30:100)				
e in a month) vaste)				
2 Small Quantity (less than 2200 lbs/265 gals or more in a month, but more than 27 gals) (or less than 1 kg of acutely hazardous waste)				
gals in a month and				
DEP at 800-343-3420 and				
TTY				
Blend or Market Waste Fuel				
ype of Waste Fuel:				
Hazardous Waste Fuel Off-Specification Used Oil Fuel (Table 310 CMR 30.216) Specification Used Oil Fuel				
ATEGORIES orice of application is on file with DEP.				
orice of approximation to enjine				

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are penalties for submitting false information, including the possibility of fine and imprisonment.

In addition, I understand that any material supplied with this application will not be considered confidential unless I specifically requested that such material be kept confidential and the Department has made a determination of confidentiality in accordance with 310 CMR 3.00, Regulations Governing Access to and Confidentiality of Department Records and Files under the Hazardous Waste Management Act.

SIGNATURE

NAME & OFFICIAL TITLE

DATE SIGNED

(Type or Print)

HARRY G. CHASE

10/25/93

Presi dent

RETURN TO:

DEP

Division of Hazardous Waste One Winter Street, 7th Floor

Boston, MA 02108

ATTN: Notifications

RCRA RECORDS CENTER REQUEST FOR HANDLER INFORMATION CHANGE IN RCRIS MA DEP SOUTHEAST REGION Submitted by: L. Patriarca Phone: 508-946-2829 OTHER

	ID NUMBER NAME (now in RCRIS)	INFORMATION TO BE REPLACED	CHANGED OR NEW INFO.
/	MAD043412147 Gondea Vista	Gondea Vista	Condea Vista
	MAD063928105 7/3 6 17/ Jostens P303/4	SG	VG
K	MAR000011015 Marson Co	*LG	VG *LG
14	MAD981208614 7-34439 VW of North Attleboro & 158466	543 Kelley Blvd	563 Kelley Blvd
K	MAD985290980 Wakefield Engineering	LG	LG *LG
14	MAD001012673 Crosby Valve & Guage	Crosby Valve & Guage	Anderson Greenwood & Crosby
	MAD086528015 Town Cleansers	VG	Inactive
	MAD055178339 F130795 Reflek Corp R 29779	SG	*\$Ġ